

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		3				
6		1				
7		1				
8		2				
9		1				
10	1					
11		1				
12		1				
13		1				
14		3				
15		1				
16		1				
17		2				
18		1				
19	1					
20		1				
21		1				
22		1				
23		3				
24		1				
25		1				
26		2				
27		1				
28	1					
29		1				
30		1				
31		1				
32		3				
33		1				
34		1				
35		2				
36		1				
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

44

TOTAL DEP.

11

TOTAL CLAIMS

458

TOTAL IND.

44

TOTAL DEP.

11

TOTAL CLAIMS

458